



Florida Department of Revenue
Correction to Employer's Quarterly or Annual Domestic Report

				Do Not Use This Area				
UT Account Number		Correction to Quarter/Year		Batch Number				
FEI Number				Audited By				
Employer's Name				Date				
Street Address				Remarks				
City	State	ZIP						
Explain, in detail, the reason for correction								
1. Employee's Social Security Number	2. Employee's Name Last First Middle Initial Initial			3. Page No.	4. Gross Wages Per Original Report	5. Unit Code	6. Correct Gross Wages	7. Unit Code
8. If this information changes the figures on your original report - Please Complete				Totals This Page	\$		\$	
Item	Originally Reported	To Be Corrected To	Difference	Difference Between Column 4 and 6		\$		
Gross Wages				I certify that the information contained in this report is true and correct.				
Excess Wages				Signature				
Taxable Wages				Title			Date	
Tax Due				Make check payable to Florida U.C. Fund			\$	

[See page 2 for complete instructions and coupon]

Instruction

Correction to Employer's Quarterly or Annual Domestic Report Instructions

This form (Form UCT-8A) is provided for use in correcting errors made on the original *Employer's Quarterly Report* (Form UCT-6) or Annual Report for Employers of Domestic Employees Only (UCT-7). Annual filers will need to complete one UCT-8A for each quarter being corrected.

Under heading "Correction to Quarter/Year", insert the quarter and year of the **original** report being corrected. For example, if the correction is to the 2nd quarter 2002, the Correction to Quarter/Year field would be completed with "2/2002".

Caution: Be sure that the employee's social security number and name shown in Items 1 and 2 agree with your original report, unless the social security number and name originally reported were incorrect. In such a case, enter the number and name, as per original report. Underneath, write social security number change and/or name change; then list the correct social security number and/or name.

Item 3 should be completed if continuation sheets were filed with original report.

Items 4 and 6 are used to correct gross wages.

Items 5 and 7 should be omitted unless you have received prior approval. Unit codes are special codes assigned employers to identify the mailing address for unemployment insurance claims forms, if different from the primary employer address.

Complete Item 8 if individual wage corrections change gross wages, excess wages, or taxable wages originally shown on the tax report.

Coupon Completion Instructions

Write your seven digit account number and the check digit in the boxes provided.

Enter the employer legal entity name in the field labeled "Enter Business Name".

Enter the amount of payment in the "Amount Enclosed" field.

Enter the 1 digit quarter and 2 digit year in the field labeled "Payment for QTR/YR". For the quarter field, enter the number "1" for quarter ending March 31st, the number "2" for quarter ending June 30th, "3" for quarter ending September 30th and "4" for quarter ending December 31st. In the year field, enter the last two digits for the year. For example: enter "01" for 2001.

Mail the original completed form and coupon along with any remittance due to the:

FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE STREET
TALLAHASSEE FL 32399-0180

Need Assistance?

To speak with a Department of Revenue representative, call Taxpayer Services, Monday through Friday, 8 a.m. to 7 p.m., ET, at 1-800-482-8293.

Hearing or speech impaired persons may call the TDD line at 1-800-367-8331 or 850-922-1115.

IMPORTANT

Complete page 1 for corrections to the Employer's Quarterly or Annual Domestic Report.
Complete page 2 only if payment is enclosed.
Return completed form and coupon, if applicable, to the Department.

**DO NOT
DETACH**

Correction to Employer's Quarterly or Annual Domestic Report Payment Coupon

UCT-8A
R. 05/04

Florida Department of Revenue

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COMPLETE and MAIL with Your REPORT/PAYMENT.
Please write ACCOUNT NUMBER on Your Check.
Be sure to SIGN YOUR CHECK.
Make check payable to: **Florida U.C. Fund**

DOR USE ONLY

□□□□□□□□

POSTMARK OR HAND DELIVERY DATE

L

ACCOUNT NO.

□□□□□□□□ - □

F.E.I. NUMBER

□□□□□□□□□□

AMOUNT ENCLOSED

US Dollars | Cents |
□□□,□□□,□□□.□□

PAYMENT FOR QTR/YR

□ - □□

UCT-8A

☐ Check here if you transmitted funds electronically.

Name
Address
City/St/ZIP

0100 0 99999999 0068054049 5 5009999999 0000 4